



DEPARTMENT OF EMPLOYMENT SERVICES FEDERAL TRAINING AUTHORIZATION FORM

Initial Enrollment Date: _____

Career Center Staff: _____

Modification Date: _____

Phone #: _____

MODIFICATION REQUIRES A NEW AUTHORIZATION FORM

HCA #: _____

Requisition #: _____

Eligibility (circle one): Adult or Dislocated Worker

Purchase Order #: _____

Participant Information

Last Name: _____ First Name: _____

State ID: _____ Evening Phone: _____ Day Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Program Information

Demand Occupation: Yes: _____ No: _____

Type of Training: _____

Name of Training Provider: _____

Training Site Address: _____

Service Delivery: In-person _____ Virtual _____ Hybrid _____

Training Contact Person: _____ Phone #: _____

Start Date: ____/____/____ Projected End Date: ____/____/____ (Include month, date, and year)

Total Hours Required for Completion: _____ Projected Hours per Week: _____ Class Days _____

Class hours/times: _____

Expense worksheet – Calculate for entire training period

Tuition	\$	Supplies	\$
Books	\$	Other Expense(s)	\$
Application Fee	\$	Total Anticipation Expense	\$
Registration Fee	\$	* Less Pell Grant or Other Aid (Projected)	\$
		DOES OBLIGATION	\$

*See Attached Documentation

Service Provider Certification. The undersigned agrees to provide training to the above named participant and certifies that all charges for training are made in accordance with the provision of the Human Care Agreement/Purchase Order.

Training Agent (print) _____

Title _____

Signature _____

Date _____

The undersigned certifies that the Service Provider will be paid the DOES obligation for participant training provided such charges are consistent with the provisions of the Human Care Agreement and Purchase Order and Federal funding is available.

DOES Recommending Official _____

Date _____

DOES Authorizing Official _____

Date _____